

FEE:

## CITY OF NEWPORT BEACH

## **BUILDING DEPARTMENT**

3300 NEWPORT BLVD. P.O.BOX 1768, NEWPORT BEACH, CA 92658-8915 (949) 644-3275

## REQUEST FOR SPECIAL INSPECTIONS OUTSIDE OF NORMAL BUSINESS HOURS

NOTE: This request form must be submitted for approval no later than

3 PM on the day prior to the requested inspection.

\$170.00 (\$85.00 per hour; 2 hours minimum)

Date:\_\_\_\_\_\_Permit #\_\_\_\_\_\_

Job Address: \_\_\_\_\_

Type of inspection requested:\_\_\_\_\_\_

Requested Inspection Date: \_\_\_\_\_\_Requested Time:\_\_\_\_\_\_

Requested By: Phone #:\_\_\_\_\_

Purpose of Inspection:

FOR OFFICE USE ONLY:	
Inspection authorized by:	
Assigned to Inspector:	Date:
Inspector's Report:	_
Recommendation: Approved: De	enied: Date:
Action to be taken:	
Inspector Signature:	Date:
Forms\SPECIALINSPBusHrs11/09/09	